



Collins Dentistry for Children

Dr. Nilfa Encarnacion Collins, D.M.D.

RECORDS TRANSFER

We have decided to have our Child (children), _____,
seen by another dentist.

Please forward copies of their dental records and radiographs (x-rays) to:

**Collins Dentistry for Children
100 Bridge Street
P.O. Box 728
Pelham, NH 03076**

Thank you for your immediate attention to this matter.

Sincerely,

Print Name

Signature

Date

PLEASE SEND RECORD TRANSFER TO PREVIOUS DENTIST. THANK YOU